

HAND DELIVERED

ID#1801

09 FS-1



Rhode Island Ethics Commission

2009 YEARLY FINANCIAL STATEMENT

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RHODE ISLAND
ETHICS COMMISSION
10 JUL 27 PM 2:41

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009, UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER **ALL QUESTIONS** AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" **SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED**, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. Block Kenneth J.
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 8 Atlantic Crossing Barrington 02806
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:

N/A (MUNICIPALITY, STATE OR REGIONAL)
(PUBLIC POSITION)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on _____, I was appointed on _____, I was hired on _____
(date) (date) (date)

If you no longer hold a public position, state date of termination or resignation. _____

4. List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)

Governor

5. List the following: NAME OF SPOUSE Jennifer K.G. Block

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY
MEMBER EMPLOYEDNAME AND ADDRESS
OF EMPLOYER OR OCCUPATIONDATES AND NATURE
OF SERVICES RENDERED

Ken Block Simpatico Software Systems, Inc. Full time employment
20 Altieri Way, #3, Warwick, RI 02886

Ken Block Cross Alert Systems, Inc. Part time employment
20 Altieri Way, #3, Warwick, RI 02886

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES

NATURE OF INTEREST

ADDRESS OR DESCRIPTION

Lily Pond LLC Partnership with siblings 25 Lajoie Lane
in family home Milford, CT
06461

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST: Bartley C. Block Irrevocable TrustNAME OF TRUSTEE AND ADDRESS: Ken Block, Steve Block, Debbie D'Aurio8 Atlantic Crossing, Barrington, RI 02806NAME OF FAMILY MEMBER
RECEIVING TRUST INCOME: There were no disbursements in 2009ASSETS: Investments and real estate located at 355 Blackstone Road, #349
Providence, RI

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

POSITION

Ken Block Simpatico Software Systems, Inc. President
20 Altieri Way, #3, Warwick, RI 02886

Ken Block Cross Alert Systems, Inc. President
20 Altieri Way, #3, Warwick, RI 02886

Ken Block Lily Pond LLC Partner
8 Atlantic Crossing, Barrington, RI 02806

Ken Block Moderate Party of Rhode Island Chairman
175 Metro Center Blvd., #7 Warwick, RI 02886

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

N/A

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

Ken Block Simpatico Software Systems, Inc. 20 Altieri Way, #3, Warwick, RI
Ken Block Cross Alert Systems, Inc. 20 Altieri Way, #3, Warwick, RI 02886
Ken Block Lily Pond LLC 8 Atlantic Crossing, Barrington, RI 02806
Ken Block Bartley C. Block Irrevocable Trust 8 Atlantic Crossing
Barrington, RI 02806

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

N/A

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

N/A

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)
AND DATE ACQUIRED AND/OR DIVESTED

N/A

NAME OF REGULATING AGENCY

HOW REGULATED

N/A

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS
OF BUSINESSDESCRIPTION OF INTEREST
DATE ACQUIRED AND/OR DIVESTED
(DO NOT INCLUDE AMOUNT)NAME OF STATE
OR MUNICIPAL AGENCY

N/A

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

N/A

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

State of Rhode Island

County of Kent

SIGNATURE

Subscribed and sworn to before me at Warwick, RI this 27th day of July, 2010.My Commission expires: 7/12/14

#751862

SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF **ANY** QUESTION IS NOT ANSWERED.

GENERAL OFFICER ADDENDUM
TO 2009 FINANCIAL DISCLOSURE STATEMENT

If you hold, or are a candidate for, a statewide general office (Governor, Lieutenant Governor, Secretary of State, Attorney General, General Treasurer), list all sources and amounts of income in excess of two hundred dollars (\$200), you received during calendar year 2009. R.I. Gen. Laws § 36-14-17(b)(2).

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
 (check one)

Name of Source: Simpatico Software Systems, Inc. ☐ Not more than \$1,000
☐ \$1,001 to \$10,000
 Address: 20 Altieri Way, #3 ☐ \$10,001 to \$25,000
Warwick, RI 02886 ☐ \$25,001 to \$50,000
☐ \$50,001 to 100,000
 Description: Salary and non-passive ☒ \$100,001 to \$200,000
income ☒ \$200,001 to \$500,000
☐ \$500,001 to \$1,000,000
☐ More than \$1,000,000

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SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
 (check one)

Name of Source: Cross Alert Systems, Inc. ☐ Not more than \$1,000
☐ \$1,001 to \$10,000
 Address: 20 Altieri Way, #3 ☐ \$10,001 to \$25,000
Warwick, RI 02886 ☒ \$25,001 to \$50,000
☐ \$50,001 to 100,000
 Description: Non-passive income and ☐ \$100,001 to \$200,000
interest on loans ☐ \$200,001 to \$500,000
☐ \$500,001 to \$1,000,000
☐ More than \$1,000,000

I certify under penalty of perjury that the information contained on this form, and on any attachments, is a complete and accurate listing of the sources and amounts of income exceeding \$200 that I received in calendar year 2009.

State of Rhode Island
 County of KENT

Signed

Date

Subscribed and sworn to before me at Warwick, RI

on the following date: 27 July 2010

My Commission Expires: 7/12/11

#751862

[Signature]
 Signature of Notary Public

(Attach additional sheets if necessary)

GENERAL OFFICER ADDENDUM
TO 2009 FINANCIAL DISCLOSURE STATEMENT

If you hold, or are a candidate for, a statewide general office (Governor, Lieutenant Governor, Secretary of State, Attorney General, General Treasurer), list all sources and amounts of income in excess of two hundred dollars (\$200), you received during calendar year 2009. R.I. Gen. Laws § 36-14-17(b)(2).

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
 (check one)

Name of Source: AFS LLC Signature

Address: c/o Aquidneck Wealth Mgmt
935 Jefferson Blvd
Warwick, RI 02886

Description: Short term capital gains

- ☐ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☒ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
 (check one)

Name of Source: AFS LLC Signature

Address: c/o Aquidneck Wealth Mgmt.
935 Jefferson Blvd.
Warwick, RI 02886

Description: Long term capital gains

- ☒ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

I certify under penalty of perjury that the information contained on this form, and on any attachments, is a complete and accurate listing of the sources and amounts of income exceeding \$200 that I received in calendar year 2009.

State of Rhode Island
 County of Kent

Signed

Date

Subscribed and sworn to before me at Warwick

on the following date: 27 July 2010

My Commission Expires: 7/12/14

751862

W. J. P. P.
 Signature of Notary Public

(Attach additional sheets if necessary)

GENERAL OFFICER ADDENDUM
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SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
 (check one)

Name of Source: AFS LLC Signature

Address: C/O Aquidneck Wealth Mgmt.
935 Jefferson Blvd.
Warwick, RI 02886

Description: Dividends

- ☐ Not more than \$1,000
- ☒ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:
 (check one)

Name of Source: _____

Address: _____

Description: _____

- ☐ Not more than \$1,000
- ☐ \$1,001 to \$10,000
- ☐ \$10,001 to \$25,000
- ☐ \$25,001 to \$50,000
- ☐ \$50,001 to 100,000
- ☐ \$100,001 to \$200,000
- ☐ \$200,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

I certify under penalty of perjury that the information contained on this form, and on any attachments, is a complete and accurate listing of the sources and amounts of income exceeding \$200 that I received in calendar year 2009.

State of Rhode Island
 County of Kent

Signed

Date

Subscribed and sworn to before me at

Warwick

on the following date:

27th July 2010

My Commission Expires:

7/12/14
751862

Signature of Notary Public

(Attach additional sheets if necessary)